

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

RESPIRATORY CARE COMMITTEE RESPIRATORY CARE LICENSURE INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

Applicants must download the following documents and information from the website at www.pla.in.gov:

1. Application For A License As A Respiratory Care Practitioner
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the practice of respiratory care.

IPLA ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
ATTN: Respiratory Care Committee
402 W. Washington Street, Room W072
Indianapolis, IN 46204
Staff Phone: (317) 234-2054
FAX: (317) 233-4236
Staff Email: pla8@pla.in.gov
Web Site: www.pla.in.gov

CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a dental license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check by visiting www.in.gov/pla/3241.htm.

Criminal background checks must be obtained after you apply for your dental license with the Board and prior to the issuance of a license.

BASIS FOR LICENSURE

EXAMINATION

Applicants who are applying to take the NBRC examination or have recently taken the examination.

ENDORSEMENT

Applicants who are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care (NBRC).

CREDENTIALS

Applicants who are applying for licensure based upon their NBRC Credential only. Applicants may not apply based upon their NBRC credentials if they are licensed or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.

TRANSCRIPTS, VERIFICATION OF GRADUATION, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Committee will not be able to accept any transcripts, verification of graduation, examination score reports or state verifications directly from the applicant. All transcripts, verification of graduation, examination score reports and state verifications must be sent directly from those entities.

EXAMINATION APPLICANTS – CERTIFICATION OF GRADUATION

Applicants who have the school or program submit a letter as proof of graduation in order for the Committee to issue a temporary permit, must have the school or program submit an official transcript, directly to our office from the school or program, certifying the degree earned prior to the issuance of a respiratory care license.

WAIVER OF EDUCATIONAL REQUIREMENTS

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a request along with a detailed list of the places that the applicant has engaged in the practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application. Please list the dates of practice, location, responsibilities and that you were under the supervision of a physician.

STUDENT PERMIT HOLDERS

If you currently hold or have held a respiratory student permit, you will need to respond positive to question #1 “Have you ever previously filed an application in the State of Indiana?” and submit a notarized affidavit stating such with your application for licensure.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LICENSE

Upon issuance of your license by the Committee, you will be sent an email notifying you that your license or temporary permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service will be available at www.in.gov/pla/license.htm.

LICENSE EXPIRATION AND CONTINUING EDUCATION

All respiratory care practitioners' licenses expire on December 31st of even numbered years. Practitioners are required to have completed fifteen (15) hours of continuing education per renewal period.

Continuing education is not required for the year in which the initial license was issued. Therefore, a person who was issued an original respiratory care license between the dates of January 1 and December 31 of an odd numbered year

are only required to complete seven and one half (7.5) hours of continuing education for the first renewal. A person who is issued an original respiratory care license after January 1 of even numbered years is not required to complete continuing education for the first renewal.

Information regarding the continuing education requirement is available at the Committee's website at www.in.gov/pla/rcp.htm. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.in.gov.

RESPIRATORY CARE PRACTITIONERS LICENSURE BY EXAMINATION INSTRUCTIONS

If you are applying to take the NBRC examination or have recently taken the examination please follow the directions below.

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Respiratory Care Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer “yes” to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background on the Board’s website at www.in.gov/pla/3241.htm.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT

Applicants must submit a NBRC credential report, **sent directly to the Committee from the NBRC**. A copy of your NBRC Certificate or score report *is not* acceptable for licensure. For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105th Street

Olathe, KS 66061-7543

Toll Free: (888) 341-4811

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: www.nbrc.org

Email: nbrc-info@nbrc.org

VERIFICATION OF STATE LICENSURE

Applicants must provide a "Verification of State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The information must be **sent directly to the Committee by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Respiratory Care Committee. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

NAME CHANGE

An official affidavit indicating any legal name change or a copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

**RESPIRATORY CARE PRACTITIONERS
TEMPORARY PERMIT INFORMATION
EXAMINATION APPLICANTS
INSTRUCTIONS**

An applicant for a Temporary Permit by Examination will be required to take the examination for licensure within six (6) months after graduation. Temporary permits by examination will expire six (6) months from the date of graduation. The Committee shall not issue a temporary permit to an applicant who has failed the examination.

APPLICATION

Completed application for licensure by examination including photographs and sworn statement if you answer "yes" to any of the eight (8) questions on the application.

FEE

Applicants must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

PROOF OF GRADUATION

The applicant is required to submit one of the following documents as proof of graduation:

- **ORIGINAL LETTER OR CERTIFICATE OF COMPLETION**

An original letter or certificate of completion, **sent directly to the Committee from the school or program**, verifying the date that the applicant has completed and will receive his/her diploma will be accepted under the signature and seal of the dean of the school or program.

- **OFFICIAL TRANSCRIPT**

An **official** transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

If an applicant submits a letter or certificate of completion in order to issue a temporary permit, the applicant is required to submit an official transcript of grades sent directly to the Committee from their school or program which shows that all requirements for graduation have been met and certifying the date the degree was conferred, prior to the issuance of their respiratory care license.

ISSUANCE OF TEMPORARY PERMIT

A temporary permit will only be valid for a period of six (6) months from the date of graduation. (Example: If you graduate on May 31, 2014 but do not apply for a temporary until June 15, 2014 you will only be granted a temporary permit from June 15, 2014 until November 30, 2014.) Temporary permits will automatically expire, without further action by the Committee, on the date of expiration.

RENEWAL OF TEMPORARY PERMIT

If the applicant fails to take the examination within the six (6) month period and presents an explanation to the Committee in writing, which shows good cause for not taking the examination, the Committee may allow the applicant to renew their temporary permit. The Committee will review all requests on a case-by-case basis. The fee for renewal of a temporary permit is \$10.00.

RESPIRATORY CARE PRACTITIONERS LICENSURE BY ENDORSEMENT INSTRUCTIONS

If you are licensed or certified in another state or coming from a state that does not license or certify respiratory care practitioners but the applicant is certified by the National Board for Respiratory Care please follow the directions below.

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Respiratory Care Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer “yes” to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background on the Board’s website at www.in.gov/pla/3241.htm.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT

Applicants must submit a NBRC credential report, **sent directly to the Committee from the NBRC**. A copy of your NBRC Certificate or score report *is not* acceptable for licensure. For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105th Street

Olathe, KS 66061-7543

Toll Free: (888) 341-4811

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: www.nbrc.org

Email: nbrc-info@nbrc.org

NAME CHANGE

An official affidavit indicating any legal name change or a copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

VERIFICATION OF STATE LICENSURE

Applicants must provide a "Verification of State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The information must be **sent directly to the Committee by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Respiratory Care Committee. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

STATEMENT REQUIRED - IF YOU ARE COMING FROM A STATE THAT DOES NOT REQUIRE LICENSURE OR CERTIFICATION

Applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

WAIVER OF EDUCATIONAL REQUIREMENTS

Applicants who have not completed a program of respiratory therapy may be considered for licensure by submitting a detailed list of the places where the applicant has engaged in the practice of respiratory therapy under the supervision of a physician for at least ten (10) of the previous fifteen (15) years preceding the date of application.

Please specify in your request that you are requesting a waiver of the education requirements due to the fact that you did not complete a program of respiratory therapy along with the dates of practice, location, responsibilities and that you were under the supervision of a physician.

**RESPIRATORY CARE PRACTITIONERS
TEMPORARY PERMIT INFORMATION
ENDORSEMENT APPLICANTS
INSTRUCTIONS**

Endorsement applicants may apply for a temporary permit if the applicant holds a current license, registration or certification as a respiratory care practitioner in another state **OR** if the applicant is practicing in a state that does not license or certify respiratory care practitioners but the applicant holds credentials issued by the National Board for Respiratory Care (NBRC).

APPLICATION

Completed application for licensure by examination including photographs and sworn statement if you answer “yes” to any of the eight (8) questions on the application.

FEE

The applicant must submit an additional fee of twenty-five dollars (\$25.00) including the fifty-dollar (\$50.00) licensure fee. Total fee: \$75.00. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

APPLICANTS MUST SUBMIT ONE OF THE FOLLOWING:

- **PROOF OF CURRENT LICENSURE OR CERTIFICATION**

Applicants must submit a “Verification of State Licensure” form, **submitted to the Committee directly from the state**, that you hold a current license, registration or certification.

OR

- **STATE ENDORSING DOES NOT LICENSE OR CERTIFY**

Applicants that are coming from a state that does not require licensure, registration or certification to practice respiratory care and are endorsing based upon their NBRC credentials, please submit a statement stating that the State from which you are endorsing does not require licensure, registration or certification. This statement must be signed and dated by the applicant.

AND

NBRC CREDENTIAL REPORT

Applicants, who are coming from a state that does not require licensure, registration or certification for respiratory care practitioners, must submit a NBRC credential report, sent directly to the Committee from the NBRC. A copy of your NBRC Certificate or score report is not acceptable. For more information regarding a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105th Street

Olathe, KS 66061-7543

Toll Free: (888) 341-4811

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: www.nbrc.org

Email: nbrc-info@nbrc.org

RESPIRATORY CARE PRACTITIONERS LICENSURE BASED UPON CREDENTIALS INSTRUCTIONS

Applicants who are applying for licensure based upon their NBRC Credential only must submit the following documentation. **Applicants may not apply based upon their NBRC credentials if they are licensed or certified in another state or are coming from a state that does not license or certify respiratory care practitioners.**

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Respiratory Care Committee
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer “yes” to any of the eight (8) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a respiratory care license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background on the Board’s website at www.in.gov/pla/3241.htm.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

The directions on how to complete the fingerprinting process are located on pages 13 and 14 and on our website at www.pla.in.gov.

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION

Applicants must list the name and address of all employers with a specific list of responsibilities and the dates of employment. If there is not an appropriate amount of space in which to provide this information please use another

sheet of paper. If this information is not complete, your application will be returned to you for completion and may delay processing time.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 2 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades, **sent directly to the Committee from the school or program**, from which the applicant obtained the degree which shows that all requirements for graduation have been met by the applicant and certifying the date the degree was conferred.

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC) CREDENTIAL REPORT

Applicants must submit a NBRC credential report, **sent directly to the Committee from the NBRC**. A copy of your NBRC Certificate or score report *is not* acceptable for licensure. For more information regarding the examination or a credential report please contact the:

National Board of Respiratory Care, Inc.

18000 W. 105th Street

Olathe, KS 66061-7543

Toll Free: (888) 341-4811

Telephone: (913) 895-4900

FAX: (913) 895-4650

Web Site: www.nbrc.org

Email: nbrc-info@nbrc.org

RE-EXAMINATION AFTER FIVE (5) YEARS

If five (5) years have elapsed since the successful completion of the National Board for Respiratory Care (NBRC) examination, the applicant must retake and successfully complete a current entry level NBRC examination within six (6) months of the date of application for licensure.

NAME CHANGE

An official affidavit indicating any legal name change or a copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

APPLICANTS ARE NOT ELIGIBLE FOR A TEMPORARY PERMIT WHEN APPLYING BY CREDENTIALS.

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Please wait for the email notice. Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

Fingerprint rejections may lead to delay. If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

Applicants who reside out of state or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to <http://www.i1enrollment.com/state/forms/in/53110e81122f7.pdf>.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Once you receive the email from the board notifying you that your application has been received, go to www.identogo.com and choose Indiana.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
 - valid driver license;
 - valid state issued identification card;
 - valid passport;

- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.